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ABSTRACT

This paper reports on the University of South Carolina School-Based Mental Health Project, a program which provides mental health services within a public school setting in an effort to maximize the preventive and educational effects of mental health services within schools. The project is also developing a model to serve as a foundation for a statewide school-based system of care. This particular study examined shifts in service delivery from the traditional diagnostic and treatment model to a more ecological orientation with a continuum of services. The study analyzed service delivery activities logged by 33 graduate students providing mental health services through the project. Findings indicated that about 40 percent of the graduate students' service delivery efforts reflected non-traditional services such as program consultation and workshops, violence prevention efforts, ethnic-focused programming, consultation with teachers and other school personnel, and helping to define an in-school suspension program. Also, nearly 60 percent of students who received services were not identified as clients, suggesting that the project was providing services much broader than traditional mental health programs. Recommendations for system reform to address financing issues are offered. (Contains 10 references.) (DB)

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School-Based Mental Health Services: Service System Reform in South Carolina

Introduction

Like most other states, South Carolina has great need for more mental health services for children, adolescents, and their families. Historically, such services have been both insufficient and ill-matched to the needs of children with serious emotional disturbance. The public service systems tend to be utilized more often when youth and families have reached the level of serious emotional disturbance, leading to perhaps unnecessarily frequent use of restrictive services and out-of-home placements.

The range of psychological, educational, family, and neighborhood problems of most such children suggest the need for intensive and comprehensive integration of services in everyday settings (e.g., Culberston, 1993). This need is intensified by the fact that both parent and child dropout from treatment is related to severity of problems (the more severe the problem, the more likely that attrition is to occur) (e.g., Kazdin, Mazurick, & Bass, 1993). If services are to "stick," they must be both easily available and easily accessible.

Because of their universality, their relatively non-stigmatizing character, and the significance of academic and social competence in children's development, schools can be ideal sites for delivery of a continuum of mental health services for children, adolescents, and their families. School-based programs are well suited to offer treatment and support at an early point to children and youth who are already exhibiting a significant

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emotional disturbance and to assist schoolteachers and counselors in working with them. School programs also have many opportunities to assist children, adolescents, and their families at times of crisis and to prevent relatively minor problems from becoming serious, persistent disorders (Petersen, Compas, & Brooks, 1993). Schools also are useful sites for assistance to parents and siblings (e.g., Dryfoos, 1990), and school-based services attract troubled youth who often are not otherwise identified (Adelman, Barker & Nelson, 1993).

An ecological perspective is encouraged within this service system reform effort. Support for an ecological perspective can be found in the multi systemic work of Henggler (Henggler, & Borduin, 1990) and the risk and protective model of Hawkins and colleagues (Hawkins, & Catalano, 1992) as well as the theoretical and empirical work of several other programmatic researchers (e.g., Bronfenbrenner, 1979; Dunst, Trivette, & Deal, 1988; Garbarino, & Associates, 1992). An ecological approach (a) bridges preventive efforts and/or interventions across settings (e.g., classroom, school, home, community); (b) links interventions with youth and their families to changes in environment and systems; (c) alters processes in the system by involving multiple change agents (e.g., youth, teachers, parents, classmates, school-based team); and (d) conceptualizes individual and family functioning in terms of interactions between and among the broader social environments, rather than solely as an individual's performance.

Comprehensive school-based programs can take advantage of the full school community and respond to the needs of youth and their families through a wide array of services. Through partnership with existing mental health programs provided through the school (e.g., guidance, social work, and psychology), school-based programs can readily establish a base for developing a comprehensive school-based program.

Service delivery efforts in comprehensive programs focus on prevention, early intervention with youth at risk for social, emotional, behavioral, and/or academic difficulties, intervention with youth and/or families experiencing transitions and milestones, as well as traditional clinical intervention with youth and their families. Traditional mental health diagnostic and therapeutic services (e.g., individual and family therapy) must be available in all school-based programs, but school-based services must not be limited to those services. Home visits, classroom observations, teacher consultations, and community collaborations all may be a part of the efforts involved in rendering clinical services through school-based approaches. Mental health education or support groups (e.g., support for children in divorce, anger management skills) and preventive interventions (e.g., truancy prevention and violence prevention programs) are also typical elements of school-based programs.

The University of South Carolina School-Based Mental Health Project is designed to build the capacity of local community mental health centers and school districts. The project encourages access to traditional mental health services (e.g., individual and family therapy) through location within a school setting. More significantly, this project takes advantage of the school setting to maximize the preventive and educational effects of mental health services within schools.

The goals of the project are to: (a) develop a model for broad school-based services that can serve as a foundation for a statewide school-based system of care; (b) establish, implement and evaluate school-based services in pilot sites across the state; and (c) develop an implementation plan outlining the legal, fiscal and organizational structures, as well as the human resources necessary for the establishment of a statewide school-based system of mental health care.

One of the evaluation efforts concerns the potential shift away from only traditional diagnostic and treatment model of intervention towards a continuum

of services. Such a shift would suggest an ecological orientation is being applied. In this summary, preliminary findings focusing solely on graduate students and their service delivery daily logs will be addressed.

Method

Participants

Participants were the 33 graduate students providing mental health services as part of the School-Based Mental Health Project's 1996-1997 activities. Graduate students were recruited from psychology, social work, counselor education and rehabilitation counseling. The School-Based Mental Health Project currently serves 23 schools in South Carolina and works with 6 local mental health centers. Each student is supervised by a professional clinician from one of these centers.

Procedure

Graduate students logged their project activities. Logs were available for 31 of the 33 graduate students. Six months of records (July-December, 1996) were available for the current analysis. Because incomplete or missing data were not included in the analyses, totals across categories are not equal.

Results

Varieties of Services

Table 1 lists the types of services rendered.

Place of Service

Table 2 shows category frequencies for location of service delivery and time of service delivery. Services were delivered primarily at school, and were most likely to be delivered during school hours.

A mixed 2 x 6 ANOVA was run to assess any differences between graduate students' use of traditional (e.g., individual therapy, assessment) and non-traditional services (e.g., program consultation

Table 1
Types of Services Rendered

Service	Freq.	% of sessions
Consultation and Development	1007	33.5
Individual Therapy	819	27.3
Group Therapy	294	9.8
Assessment	227	7.6
Targeted Case Management	202	6.7
Presentations/Workshops/ Inservices	141	4.7
Family Therapy	106	3.5
Crisis Management	88	2.9
Ancillary	80	2.7
Intakes	38	1.3

Table 2
Location and Time of Service Delivery

	Freq.	% of sessions
Location		
School	3718	74.1%
Mental Health Center	807	16.1%
Community, not school	372	7.4%
Home	122	2.4%
Total	5019	
Time		
During school	4198	80.6%
After school	719	14.4%
Before school	83	1.7%
Total	5206	

and development). Students were more likely to deliver non-traditional services [*M* number of sessions, non-traditional = 18.52; *M*, traditional = 5.53; $F(1,25) = 43.27$, $p = .000$]. However, there was a significant interaction between type of service (traditional/non-traditional) and the mental health center involved ($F(5,25) = 3.44$, $p = .017$). Tests of simple main effects suggested that the traditional vs. non-traditional difference was present at three of the six mental health centers [$F(1,25) = 12.24$, $p = .002$; $F(1,25) = 45.44$, $p = .000$; $F(1,25) = 11.54$, $p = .002$].

A mixed ANOVA was also run to assess differences in the use of group and individual treatment. Significant effects were observed for group ($M = 3.16$) vs. individual treatment ($M = 26.42$) and mental health center [$F(1,25) = 38.00$, $p = .000$]. Again, a type of service x mental health center interaction [$F(5,25) = 5.02$, $p = .003$] occurred. The effect of treatment type appears to be limited to two of the six mental health centers. The average number of individual sessions per graduate student at these two centers combined was 49, as compared to 16.84 at the other four centers ($F(5,25) = 36.97$, $p = .000$; $F(1,25) = 8.43$, $p = .008$].

Recipients of Services

Table 3 lists the types of recipients of services.

Findings and Conclusions

These preliminary analyses help examine factors related to service system reform. A more systematic evaluation is underway to fully examine factors related to the process of shifting from a primarily traditional mental health system of care to a system of care that spans from prevention to early intervention to traditional client services. More detailed process measures will help identify the levels of program implementation across systems.

The present study details the service delivery efforts of graduate students in the project's school-based sites. These preliminary findings reveal that about 40% of the service delivery efforts of graduate students reflect non-traditional services such as program consultation and workshops. Review of their records suggests they are involved in program development activities such as violence prevention efforts; establishing ethnic-focused programming; consulting with teachers and other school personnel on issues such as ways to maximize the academic performance of youth with significant behavioral and emotional concerns; and helping to define the structure of an in-school suspension program. Graduate students reported serving large numbers of students that were not identified as clients (nearly 60% of persons receiving services). These findings are encouraging. They suggest that the graduate students in this project are viewing the delivery of services as much broader than traditional child mental health services.

Table 3
Persons Served by Type of Recipient

Type of recipient	# of recipients (duplicated count)	% of recipients
Non-Clients	10853	62.30%
Clients	2741	15.70%
Other School Staff	830	4.80%
Human Service and other agency staff	816	4.70%
Family members of non-clients	782	4.40%
Teachers	647	3.00%
Family members of clients	529	2.70%
School Guidance Staff	120	0.68%
School Administration Staff	106	0.60%
Total (duplicated count)	17424	

These data also show that when clinical services are offered, individual therapy is the primary mode of treatment provided. Over 25% of treatment sessions were individual therapy sessions. Also, anecdotal data and the daily log data suggest relatively low use of home-based and community-based settings. Although the present study does not address the reasons for the service delivery patterns (i.e., the clinical needs that dictate specific services provided), it is possible that graduate students are having difficulty implementing an ecological treatment perspective.

Several factors may affect the ease and swiftness of a shift to an ecological orientation. There factors include (a) skill and experience of graduate students in delivering multi systems clinical services; (b) quality of clinical supervision, especially in support of an ecological perspective; and (c) need to contribute the fiscal base of the school-based program through maximizing billing for clinical services.

The USC project developed several resources to address these factors. Ongoing technical support for program development is provided to address issues of training and skills building for graduate students and school-based clinicians. Techniques used include pre-service and in-service technical assistance workshops, ongoing on-site technical assistance for school-based teams, and an interdisciplinary issue and intervention-focused seminar for graduate students.

To address financing school-based mental health services, the project faculty worked with the state Medicaid agency and the Department of Mental Health to facilitate a better funding arrangement for school-based services. A bundled service code allowing a broad range of services to be delivered on a single day with a daily bill rate is now available to school-based clinicians. This bundling of services reduces paperwork for multiple services to the same client and encourages clinicians to offer of a wide array of services. Efforts to define the cost-effectiveness of school-based services at project sites are underway.

Current data suggest that system reform that supports service delivery in school-based settings can occur. Further examination of process measures will help greatly in addressing this shift from a traditional service delivery model in schools to a more prevention oriented model that utilizes an ecological perspective.

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